



2009-2010 License # _____

Receipt Number: _____

Date: _____

Application for (check one):

DOG LICENSE - \$10 to City of Coon Rapids

CAT REGISTRATION – no fee

Name of Pet

PLEASE PRINT:

Breed

Owner Name

Male Female Age _____

Owner Address

Color

Zip Code: 554 _____

Notable Markings

Owner Telephone

PROOF OF RABIES VACCINATION:

Owner Signature

Certificate/Tag Number:

Effective Dates of Vaccination:

Date

_____ to _____

Name of Veterinary Clinic

LICENSE

WHEREAS, the above name person has paid the amount necessary to the Treasurer of this City as required by City Code Section 6-100 and has complied with all the requirements of said Code necessary for obtaining this license.

NOW, THEREFORE, by order of the Coon Rapids City Council and by virtue thereof, the above named person is hereby licensed and authorized to keep the above described pet. This license expires on **DECEMBER 31, 2010** and is subject to all the conditions and provisions of said code.

Given under my hand and seal of the
City of Coon Rapids, Minnesota.

Joan A. Anderson, City Clerk